



Patent
Attorney's Docket No. 019952-167

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Patent Application of) NON-FEE AMENDMENT
Katsuhiro SHIRAKAWA et al.)
Application No.: 09/937,062) Group Art Unit: 3762
Filed: January 29, 2002) Examiner: M. Bockelman
For: IMPLANTABLE ELECTRODE LEAD) Confirmation No.: 6296
AND IMPLANTABLE MEDICAL)
INSTRUMENT USING THE)
IMPLANTABLE ELECTRODE LEAD)

AMENDMENT/REPLY TRANSMITTAL LETTER

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

Enclosed is a reply for the above-identified patent application.

- A Petition for Extension of Time is also enclosed.
- A Terminal Disclaimer and the [] \$55.00 (2814) [] \$110.00 (1814) fee due under 37 C.F.R. § 1.20(d) are also enclosed.
- Also enclosed is/are _____.
- Small entity status is hereby claimed.
- Applicant(s) requests continued examination under 37 C.F.R. § 1.114 and enclose the [] \$385.00 (2801) [] \$770.00 (1801) fee due under 37 C.F.R. § 1.17(e).
- Applicant(s) requests that any previously unentered after final amendments not be entered. Continued examination is requested based on the enclosed documents identified above.
- Applicant(s) previously submitted _____, on _____, for which continued examination is requested.
- Applicant(s) requests suspension of action by the Office until at least _____, which does not exceed three months from the filing of this RCE, in accordance with 37 C.F.R. § 1.103(c). The required fee under 37 C.F.R. § 1.17(i) is enclosed.

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Amendment/Reply Transmittal Letter
Application No. 09/937,062
Attorney's Docket No. 019952-167
Page 2

- A Request for Entry and Consideration of Submission under 37 C.F.R. § 1.129(a) (1809/2809) is also enclosed.
- No additional claim fee is required.
- An additional claim fee is required, and is calculated as shown below:

| A M E N D E D C L A I M S | | | | | |
|------------------------------------------------------------------------------|---------------|-------------------------------------------|--------------|--------------------|-------------|
| | No. OF CLAIMS | HIGHEST NO. OF CLAIMS PREVIOUSLY PAID FOR | EXTRA CLAIMS | RATE | ADD'L FEE |
| Total Claims | 15 | MINUS 20 = | 0 | × \$18.00 (1202) = | 0.00 |
| Independent Claims | 2 | MINUS 3 = | 0 | × \$86.00 (1201) = | 0.00 |
| If Amendment adds multiple dependent claims, add \$290.00 (1203) | | | | | 0.00 |
| Total Claim Amendment Fee | | | | | 0.00 |
| If small entity status is claimed, subtract 50% of Total Claim Amendment Fee | | | | | 0.00 |
| TOTAL ADDITIONAL CLAIM FEE DUE FOR THIS AMENDMENT | | | | | 0.00 |

A total fee in the amount of \$_____ is enclosed.

Charge \$_____ to Deposit Account No. 02-4800.

The Director is hereby authorized to charge any appropriate fees under 37 C.F.R. §§ 1.16, 1.17, 1.20(d) and 1.21 that may be required by this paper, and to credit any overpayment, to Deposit Account No. 02-4800. This paper is submitted in duplicate.

Respectfully submitted,

BURNS, DOANE, SWECKER & MATHIS, L.L.P.

Date: March 17, 2004

By: Matthew L. Schneider
Matthew L. Schneider
Registration No. 32,814

P.O. Box 1404
Alexandria, Virginia 22313-1404
(703) 836-6620